

# APPLICATION FOR AN INDIVIDUAL INSURANCE LICENSE (FORM L-169)

FOR APPLICATIONS RECEIVED BY THE ARIZONA DEPARTMENT OF INSURANCE BETWEEN 07/01/2005 AND 06/30/2006

## 1. CAREFULLY READ THE ENCLOSED INSTRUCTION PAGES. INCOMPLETE APPLICATIONS WILL BE RETURNED.

- Complete ALL PAGES (printed in ink or typed) of this form and fulfill all other requirements shown in the enclosed instructions. Any additionally required forms are available on our Internet web site, at [www.id.state.az.us](http://www.id.state.az.us)
- Staple your application form and any required attachments in the upper left corner. If you are required to submit examination results or a letter of certification, attach as the last (back) page.
- Remove any stubs from your check or money order and staple your payment to the front of this page in the location indicated (immediately below SECTION II).
- Send your application materials and payment to:  
**INSURANCE LICENSING SECTION, 2910 North 44th Street, Suite 210, Phoenix, AZ 85018-7269**

### SECTION I: BUSINESS INFORMATION

<b>A. (Legal) Last Name</b> (including Jr/Sr/etc if applicable)		<b>B. Full First Name</b>		<b>C. Full Middle Name</b>	
<b>D. Name of Business</b> (if your place of business is your home, enter "N/A"):				*If your mailing address contains the name of a business and you share commissions with it, that business must be separately licensed.	
<b>E. Physical</b> Street Address of Place of Business (*may not be a P O box)		City		State	Zip Code
<b>F. Mailing</b> Address (P.O. box permitted. If blank, Box E address will print on license)		City		State	Zip Code
<b>G.</b> Business Area Code & Phone:	<b>H.</b> Fax Area Code & Number (optional):	<b>I.</b> E-mail Address (optional):			

### SECTION II: LINES OF LICENSE AUTHORITY

 Write an "X" in the box to the left of the line(s) of authority for which you are applying:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Life Insurance Producer                              | <input type="checkbox"/> Property Producer       | <input type="checkbox"/> Adjuster             | <input type="checkbox"/> Property & Casualty Managing General Agent             |
| <input type="checkbox"/> Accident and Health or Sickness Producer             | <input type="checkbox"/> Casualty Producer       | <input type="checkbox"/> Bail Bond Agent      | <input type="checkbox"/> Life Managing General Agent                            |
| <input type="checkbox"/> Variable Life and Variable Annuity Products Producer | <input type="checkbox"/> Personal Lines Producer | <input type="checkbox"/> Surplus Lines Broker | <input type="checkbox"/> Accident and Health or Sickness Managing General Agent |

CRD # \_\_\_\_\_

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Credit Insurance Producer | <input type="checkbox"/> Travel Accident Ticket and Baggage Insurance Producer | <input type="checkbox"/> Mexican Insurance Surplus Lines Broker | <input type="checkbox"/> Risk Management Consultant |
|--|--|---|---|

☐ Other limited line for nonresidents (see instructions): \_\_\_\_\_

**{← HERE, ALIGN TOP OF CHECK OR MONEY ORDER AND STAPLE ON LEFT SIDE (REMEMBER TO REMOVE ANY STUBS FROM PAYMENT)}**

### SECTION III: PERSONAL INFORMATION

<b>A. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>B. Date of Birth:</b> <u>MM</u> / <u>DD</u> / <u>YYYY</u>		
<b>C. Place of Birth</b> City	State	Country	
<b>D. Social Security Number</b> [required by A.R.S. § 25-320(N)]:		<b>E. Home</b> Area Code and Phone Number:	
<b>F. Physical</b> Street Address of Applicant's Home	City	State	Zip Code

### SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY

_____ exam passed on ____/____/____ _____ exam passed on ____/____/____ Kinds Issued: _____	License #: _____ Expires: ____/____/____ Issued: ____/____/____	<b>TF#:</b> _____ <input type="checkbox"/> 56 Quad Other (120) <input type="checkbox"/> 58 Quad SLB (1000/1200) <input type="checkbox"/> 18 Pro SLB (500) <input type="checkbox"/> 66 Fingerprint (29.00 X _____)	
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**SECTION IV: INSURANCE LICENSE HISTORY** Are you presently, or have you ever been, licensed to transact any kind of insurance in this state or elsewhere? Yes ☐ No ☐ If "Yes," please complete the following information as to each license. If more space is required, complete and attach a separate list.

State	Kinds of Insurance (life, disability, property, casualty, etc.)	Type of License (agent, broker, producer, solicitor, etc.)	DATES HELD	
			FROM (mm/yy)	TO (mm/yy)

**SECTION V: EMPLOYMENT HISTORY** List your employment history (and periods of unemployment or education) for the past five years and your insurance-related experience during the past ten years. If more space is required, attach and sign a separate sheet containing the information.

Employer Name	Position Held	City/State	EMPLOYMENT DATES	
			FROM (mm/yy)	TO (mm/yy)

**SECTION VI: INTENDED USE OF LICENSE** List the purpose(s) for which the insurance license shall be used. If more space is required, attach and sign a separate sheet containing the information.

☐ I intend to sell, solicit or negotiate insurance policies to individuals, businesses or organizations, and will not use nor do I intend to use the license principally for the purpose of procuring insurance that covers:

- ☐ myself;
- ☐ a member of my family or my relatives to the second degree;
- ☐ my property or insurable interests;
- ☐ the property or insurable interests of my relatives to the second degree, my employer or my employees, or a firm or corporation in which I own a substantial interest or of which I am an employee.

☐ I intend to adjust, investigate or negotiate settlements of claims arising under insurance contracts.

☐ Other:

**SECTION VII: ADDITIONAL INFORMATION** Carefully read and respond to each of the following questions. You should provide a "YES" answer even if you believe an incident has been cleared from your record. Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to deny your application.

**NOTE: ADDITIONAL INFORMATION IS REQUIRED if you respond "YES" to any of the following. Please see the instructions.**

A. Have you EVER been convicted of a felony? For the purposes of this application, "convicted" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge. A "No" response is incorrect if applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or had its civil rights restored, had a plea withdrawn or has been given probation, a suspended sentence or a fine, or successfully completed a diversion program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you EVER had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, or a fine imposed by any public authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you EVER withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Have you EVER had any judgment, order or other determination made against you in any civil, administrative, judicial or quasi-judicial proceeding of any kind in any jurisdiction, including any criminal conviction, based on any of the following:	
1. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Improperly withholding, misappropriating or converting any monies or properties received in the course of doing insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Committing any insurance unfair trade practice or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Using fraudulent, coercive or dishonest practices in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Forging another's name to any document related to an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Aiding or assisting any person in the unauthorized transaction of insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Violating A.R.S. § 41-624(B) or (C), the prohibition of sharing commissions with a anyone other than the contractor or a person that has performed actual services for the contractor in connection with a bid involving the sale of insurance to the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Violating A.R.S. §§ 6-1410, 6-1412 or 6-1413, which establish requirements that relate to premium finance transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. For any other cause arising out of an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are any civil, administrative, judicial or quasi-judicial proceedings of any kind, including any criminal proceedings, in which an indictment, criminal complaint or information has been issued naming you as defendant, currently pending against you in any jurisdiction based on any of the following:	
1. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Improperly withholding, misappropriating or converting any monies or properties received in the course of doing insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Committing any insurance unfair trade practice or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Using fraudulent, coercive or dishonest practices in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Forging another's name to any document related to an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Aiding or assisting any person in the unauthorized transaction of insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Violating A.R.S. § 41-624(B) or (C), the prohibition of sharing commissions with a anyone other than the contractor or a person that has performed actual services for the contractor in connection with a bid involving the sale of insurance to the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Violating A.R.S. §§ 6-1410, 6-1412 or 6-1413, which establish requirements that relate to premium finance transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. For any other cause arising out of an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. If you are an applicant for a bail bond agent license, have you EVER been convicted of theft OR any crime involving carrying or possession of a deadly weapon or dangerous instrument?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION VIII: AUTHORIZATION AND RELEASE** Read the following and, if you agree, sign this page. This page must be signed for you to be eligible for an insurance license.

I understand that pursuant to A.R.S. § 20-291, application for and acceptance of a nonresident license constitutes an irrevocable appointment of the Director of insurance as attorney of the licensee for the acceptance of service of process issued in this state in any action or proceeding against the licensee arising out of such licensing or out of transactions under the license. Process service on the director on behalf of a nonresident licensee constitutes service on the licensee as though the licensee were personally served with process in this state.

Having filed this application, I hereby consent to having an investigation made of my moral character, professional reputation and fitness for an insurance license. I agree to give any further information that may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me to furnish the Arizona Department of Insurance with any such information including documents, records, insurance department files including charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Arizona Department of Insurance, or any of its agents or representatives or my authorized insurers to inspect and make copies of such documents, records and other information.

I release, discharge, and exonerate the Arizona Department of Insurance, its agents and representatives, the State of Arizona, my authorized insurers, and any person furnishing information pursuant to this Authorization and Release from and all liability which may arise from the investigation made by the Arizona Department of Insurance.

I certify that if issued a license, I shall not use the license principally for procuring insurance that covers

- myself,
- members of my family or my relatives to the second degree,
- my property or insurable interests,
- the property or insurable interests of my relatives to the second degree, my employer or my employees,
- a firm or corporation in which I own a substantial interest or the employees of that firm or corporation,
- property or insurable interests of my relatives to the second degree, my employer or my employees,
- property or insurable interests of a firm or corporation in which I own a substantial interest or the employees of that firm or corporation, or
- property or insurable interests for which I, my relatives to the second degree, my employer, or my firm or corporation is the bailee, trustee or receiver.

I hereby attest that I have read and that I understand the foregoing. I certify, under penalty of denial, suspension or revocation of the license or under any other penalties that may apply, that the answers, statements and information furnished in connection with this license application are true, correct and complete to the best of my knowledge and belief.

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Full **Signature** of Applicant  
(***include FULL first, middle and last names***)

# INSTRUCTIONS FOR FORM L-169

This set of application and instructions may be used for applications received by the Department between July 1, 2005, and June 30, 2006. If submitting an application after June 30, 2006, please obtain the current application from the Insurance Licensing Section web site ([www.id.state.az.us](http://www.id.state.az.us)), or by calling the Insurance Licensing Section (Phoenix area: 602.912.8470; Statewide: 877.660.0964).

## KEEP THESE INSTRUCTIONS -- Do not return them with your license application

1. **Carefully read all instructions** before completing your application. **Incomplete applications will be returned.** To obtain additional assistance,
    - visit our web site at [www.id.state.az.us](http://www.id.state.az.us) (which is generally the fastest way to obtain information or forms), or
    - send e-mail to [licensing@id.state.az.us](mailto:licensing@id.state.az.us), or
    - call the Insurance Licensing Section at 602.912.8470 (or 877.660.0964 toll-free within Arizona but outside Phoenix Area).
  2. **Clearly print or type in ink all information** to avoid the return of the application.
  3. **Fees.** You are required to pay a NON-REFUNDABLE fee [A.R.S. § 20-167(B)] made payable to **INSURANCE LICENSING SECTION** with your license application. Fees for applications received between July 1, 2005, and June 30, 2006, are as follows:
    - FEE FOR SURPLUS LINES AUTHORITY. Effective July 1, 2005, the fee for authority as a Surplus Lines Broker or Mexican Insurance Surplus Lines Broker is:
      - \$500.00 to add the authority to an existing Arizona insurance producer license that has remaining term of two years or less; or
      - \$1,000.00 to add the authority to an Arizona insurance producer license that has more than two years remaining on its term, or as part of a newly issued Arizona insurance license.
      - Surplus Lines Broker authority and Mexican Insurance Surplus Lines Broker authority expire on the same date as other authority on an Arizona insurance producer license.
    - FEE FOR OTHER AUTHORITY: \$120.00 for one or more other (not surplus lines broker) lines of insurance license authority (meaning \$120 in total, regardless of the number of non-surplus lines broker lines of authority for which you are applying).
    - IF APPLYING FOR BOTH, SURPLUS LINES AUTHORITY AND OTHER AUTHORITY, you must pay both, the fee for the surplus lines authority and the fee for the other authority.
    - FINGERPRINT PROCESSING FEE: If you are an Arizona resident, you must include \$29.00 (subject to change) for the FBI fingerprint card processing fee if you are required to submit a fingerprint card with your license application. See paragraph 5, "Resident Applicants," for details.
  4. **Examination Requirements.** You may be required to pass an examination administered by Thomson Prometric (formerly known as Exporior) before submitting your license application. For examination information, access Thomson Prometric's Internet web site at [www.exporioronline.com](http://www.exporioronline.com), or contact Thomson Prometric at 800.853.5448 (voice phone), or for individuals using a Telecommunications Device for the Deaf (TDD) at 800.790.3926. Thomson Prometric can be contacted in writing at the following address:

**Thomson Prometric, 1360 Energy Park Drive, Second Floor, St. Paul, MN 55108-5252**

**Attach the examination score report as the last page of your application packet.**
  5. **Resident Applicants.** If you have not provided a **fingerprint card** to the Arizona Department of Insurance within one year, you must submit a blue-outlined, matte-finish fingerprint card (Form FD-258) completed in black ink. Your fingerprints must be applied to the card by a professional fingerprinting technician. A list of Arizona fingerprinting technicians is located on the Department's Internet web site. If your fingerprints are not clear, if the card is bent or folded, or if there are stray marks or highlighting anywhere on the card, the card will be rejected, and you will be required to submit a replacement card. Applicants who are adding lines of authority are not subject to this requirement
- If you are required to submit a fingerprint card, you must add the FBI Fingerprint Card Processing Fee to your payment. The fee, required by A.R.S. § 41-1750, is to pay the FBI to process your fingerprint card through the Automated Fingerprint Identification System (AFIS). The fee is not related to an amount you may be asked to pay by a fingerprinting service or law enforcement agency to have your fingerprints applied to a fingerprint card. **The FBI Fingerprint Card Processing Fee is \$29.00 as of January 1, 2005.** The FBI Fingerprint Card Processing Fee is set by the Federal Bureau of Investigations and is subject to change without notice. Applicants are encouraged to check the Department of Insurance web site ([www.id.state.az.us](http://www.id.state.az.us)) for up-to-date fee information prior to submitting license applications.
6. **Nonresident Applicants.** The Department of Insurance will determine your license status by checking the Producer Database, maintained by the National Insurance Producer Registry.
- If you are a nonresident applying for limited-line license authority that is not shown in SECTION II of the application, write the line of authority on the line entitled, "Other limited line for nonresidents." You must be licensed in good standing in your home state for the limited line of authority.

## INSTRUCTIONS FOR FORM L-169

Continued from the reverse

7. **Relocating to Arizona.** If you are a resident licensee of another state and wish to relocate your resident license to Arizona, you will not be required to pass a pre-license examination if your license application and fee payment, accompanied by a "clearance letter"<sup>1</sup>, are received by the Department within 90 days after the cancellation of your license in your former state of residence.
8. **Adjusters. ALL ADJUSTERS (RESIDENT AND NONRESIDENT) MUST PASS THE ADJUSTER EXAMINATION.** For adjusters, Arizona law does not provide for the acceptance of a certificate of good standing in lieu of passing the pre-license examination.  
**NONRESIDENT ADJUSTER APPLICANTS MUST ALSO COMPLETE FORM ADJ. ADDENDUM**
9. **Bail Bond Agents.** A surety bond executed on Form L-195 in the sum of \$10,000 is required and must be accompanied by the surety's power of attorney. Bail bond agent applicants must also submit a fingerprint card for each employee who shall work for the bail bond agent.
10. **Managing General Agents.** Have Form L-107 completed by an authorized official of the insurance company with which you have a contract and submit the form with your application. A surety bond executed on Form L-106 equal to 10% of funds handled during the last calendar year (or, for first-time applicants, anticipated to be handled during the next calendar year) with a minimum of \$50,000 and a maximum of \$100,000 is required.
11. **Risk Management Consultants.** Include written authorization from the political subdivision (city/town/county) with which you are employed.
12. **Variable Contracts Agents.** Arizona residents must include evidence that the applicant is licensed as a registered representative or principal in good standing with the National Association of Securities Dealers (NASD). To provide this evidence, submit a printout from [www.nasd.com](http://www.nasd.com) showing you passed the necessary examinations and your present broker registrations.  
*In accordance with Arizona Revised Statutes 44-1848 (A), Arizona residents must provide evidence of passing either Series 6 or 7 AND either Series 63 or 66 prior to being granted Variable Life Annuities line of authority. Please attach your Securities Exam history printout to this application as proof of successful completion of these exams.*
13. **If you answered "YES" to one or more of the questions in Section VII, you must include**
  - a. a SIGNED statement describing in detail all incidents including (1) names of all parties involved, (2) dates and locations, (3) the names and localities of any courts and/or administrative agencies involved, (4) the disposition of each matter, (5) whether the conviction, plea or finding was for a felony, misdemeanor or open-ended charge; **and**
  - b. certified copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information which relates to each matter. If certified copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.
14. **Assumed Name (or DBA).** While conducting insurance business, you are required *by law* to use your legal name (as shown on your license) unless you are granted permission by the Insurance Department to use another name. To file the use of an assumed name, submit Form L-193. If conducting a business from a location within Arizona, you may want to register the name as a "trade name" with the Arizona Secretary of State's Office at 602.542.6187 and reserve the name to prevent it from being used by others. The Department may deny the use of an assumed business name, require the use of a different assumed business name or require the use of an assumed business name if a similar name is being used by another licensee, or if the name could mislead or deceive the public as to the nature of the business that is to be transacted.

**PLEASE SEND YOUR COMPLETED APPLICATION MATERIALS AND FEES TO THE FOLLOWING ADDRESS:**  
**Insurance Licensing Section, 2910 North 44<sup>th</sup> Street, Suite 210, Phoenix, Arizona 85018-7256**

Before calling the Department of Insurance, please see if the answer to your question can be found in the **PRODUCERS** section of the **Department of Insurance Internet web site**, at

[www.id.state.az.us](http://www.id.state.az.us)

All licensed questions that are not addressed on the Department's Internet web site may be directed to the **Insurance Licensing Section** by **e-mail** to [licensing@id.state.az.us](mailto:licensing@id.state.az.us); by **fax** to **602.912.8473**; or by **phone** at **602.912.8470 (or 877.660.0964 for in-state toll-free calls)**  
THE DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT (ADA) OF 1990. **Persons with disabilities may request reasonable accommodation by contacting the Department of Insurance ADA Coordinator, at 602.912.8456.**

<sup>1</sup> "Clearance letter" means a document executed by an official from the insurance department in your former state of residence that demonstrates you were licensed in good standing at the time you canceled the license in your former state.